

**SUBMISSION OF BUSINESS TAX RETURN  
SHOULD BE ON OR BEFORE FEBRUARY 15TH  
BUSINESS TAX RETURN**

**THIS LICENSE EXPIRES IN 30 DAYS**

<small>OFFICE USE ONLY</small>	
<small>AUDIT RECOMMENDATION:</small>	
YES _____	NO _____

CITY OF ATLANTA, BUSINESS TAX DIVISION  
55 TRINITY AVE., STE. 1350, S.W., ATLANTA GEORGIA 30335  
(404)330-6270

<small>FOR CITY OF ATLANTA USE ONLY</small>			
BUSINESS TAX NUMBER	BUSINESS TAX CLASS NUMBER	STD. IND. CL. NO.	DATE FILED

**APPLICATION MUST BE COMPLETED (1-14) BEFORE PROCESSING.**

COMPLETE ALL SPACES				MONTH	DAY	YEAR
1	CHECK <input type="checkbox"/> RENEWAL					
	ONE <input type="checkbox"/> SOLD OR CLOSED BUSINESS (FINAL)					

<small>(GEORGIA REVENUES)</small>	
If Revenue is "0", Please indicate "0". DO NOT LEAVE BLANK.	
2003 Actual Employees _____	2003 Actual Revenue _____
OUT OF STATE COMPANY WITH NO GEORGIA LOCATION REPORT ATLANTA REVENUE ONLY \$ _____	

2	BUSINESS NAME / DBA <input type="checkbox"/> NO CHANGE	STREET ADDRESS (Physical Location: Apt, Suite, Etc.) <input type="checkbox"/> NO CHANGE	CITY, STATE <input type="checkbox"/> NO CHANGE	ZIP CODE
		<small>contact office to make location change</small>		
3	NAME (IF DIFFERENT THAN LINE 2) <input type="checkbox"/> NO CHANGE	MAILING ADDRESS (Apt., Room, Suite, Etc.) <input type="checkbox"/> NO CHANGE	CITY, STATE <input type="checkbox"/> NO CHANGE	ZIP CODE
		<small>(APT., ROOM, SUITE, ETC.)</small>		
4	CHECK ONE <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP. GA <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> OTHER	PRINCIPAL OFFICE; CORPORATE NAME	STREET OR P.O. BOX	CITY, STATE
				ZIP CODE
5	OFFICER, AGENT OR ATTORNEY FOR SERVICE OF BUSINESS AFFAIRS IN CITY OF ATLANTA	NAME	STREET	CITY, STATE, ZIP CODE
				TELEPHONE
6	NAME OF OWNER(S) & RESIDENCE ADDRESS (REQUIRED)	NAME	STREET	CITY, STATE, ZIP CODE
		SOCIAL SECURITY NUMBER: _____		TELEPHONE
7	O P F A R I O T C R N E R S	TITLE	NAME	STREET
			SOCIAL SECURITY NUMBER: _____	CITY, STATE, ZIP CODE
8		TITLE	NAME	STREET
			SOCIAL SECURITY NUMBER: _____	CITY, STATE, ZIP CODE

CERTIFICATION: THE INFORMATION HEREIN IS REQUIRED BY SECTION 30 - 68 1995 CODE OF ORDINANCES OF THE CITY OF ATLANTA, GEORGIA.  
In case of an emergency, you must provide contact information below:

9	I (NAME) _____ BEING THE (TITLE) _____
10	TELEPHONE - AREA _____ NO. _____ OF THE BUSINESS FIRM NAMED, DO
11	HEREBY REGISTER AND APPLY FOR A BUSINESS LICENSE TO OPERATE SAID BUSINESS WITH DOMINANT BUSINESS ACTIVITY
12	OF (EXPLAIN TYPE OF BUSINESS) _____

ACCORDING TO THE CLASSIFICATION INDEX OF THE BUSINESS TAX ORDINANCE, CITY OF ATLANTA, GEORGIA; THE UNDERSIGNED CERTIFIES THAT HE IS THE PERSON DULY AUTHORIZED BY THE BUSINESS HEREIN NAMED TO FILE THIS REGISTRATION AND APPLICATION FOR A LICENSE, INCLUDING THE ACCOMPANYING SCHEDULES AND STATEMENTS, AND THAT THE SAME ARE TRUE, CORRECT AND COMPLETE.

13	APPLICANT SIGNATURE _____
14	THE _____ DAY OF _____ 20 _____

**NOTICE**  
**TO AVOID CONTACT BY AN AUDITOR, YOU MUST ATTACH A COPY OF YEAR 2002 APPLICABLE TAX RETURN, i.e., (1120, 1065, or 500 thru 700).**

**BUSINESS NAME**  
(Correct on line 2 above)  
**BUSINESS LOCATION**  
(Correct on line 2 above)  
**BUSINESS TAX NUMBER**

**MAIL NAME**  
(Correct on line 3 above)  
**MAIL ADDRESS**  
(Correct on line 3 above)

<b>CITY OF ATLANTA ZONING DIV. USE ONLY</b>	
ZONING APPR. _____ / _____ / _____	DENIED _____ / _____ / _____
CONDITIONS	
LOT _____	DIST _____ ZONING DISTR. _____
BY _____	DATE _____

## GENERAL TAX INFORMATION

TAX CLASS	FLAT RATE \$0-\$10,000	TAX RATE PER \$1,000
1	\$50.00 Plus	\$0.60
2	\$50.00 Plus	\$0.75
3	\$50.00 Plus	\$0.85
4	\$50.00 Plus	\$1.10
5	\$50.00 Plus	\$1.40
6	\$50.00 Plus	\$1.65
7	\$50.00 Plus	\$1.90
8	\$50.00 Plus	\$2.15

**AND \$15.00 PER EMPLOYEE, MINUS 1 (STANDARD DEDUCTION)**

TAX CERTIFICATES (BUSINESS LICENSES) ARE NOT TRANSFERABLE and must be finalized if business is sold or closed.

In finalizing your business in Atlanta, it is important to note the actual dollar volume in GEORGIA generated at the ATLANTA business location.

**IT IS IMPORTANT TO NOTE THAT ALL BUSINESSES ARE SUBJECT TO AUDIT BY THE DEPARTMENT OF FINANCE. TO AVOID CONTACT BY AN AUDITOR, PLEASE ATTACH A COPY OF PRIOR YEAR STATE OF GEORGIA TAX RETURN FORM 1120, 1065, or 500 thru 700.**

IT IS YOUR RESPONSIBILITY TO BE AWARE OF, AND TO COMPLY WITH RENEWAL PROCEDURES. BUSINESSES NOT FILING WILL BE SUBJECT TO CITATION.

### BUSINESS TAX CALCULATION WORKSHEET      “EXAMPLE ONLY”

2002 TAX ADJUSTMENT			
REVENUE		EMPLOYEE	
2002 Revenue Base	\$ _____	2002 Employee Base	_____
2002 Actual Revenue	- _____	2002 Actual Employee	- _____
Revenue Adjustment (+ or - )	\$ _____	Empl. Adjust. Base	_____
Divide Revenue by 1000 x Rate ____ (Class ____ ) = Tax Adjustment		X \$15.00 per employee = Employee Adjustment	
Tax Adjustment (+ or - )	\$ _____	Employee Adjustment	\$ _____
2002 Business Tax Adjustment Fee (Tax + Empl) = \$ _____			
2003 RENEWAL			
2003 Revenue Base		\$ _____	
Less Standard Deduction of \$10,000		( \$10,000 )	
Subtotal		\$ _____	
Divide Revenue by 1000 x Rate ____ (Tax Class ____ )		\$ _____	
Add Flat Rate Charge for 1 <sup>st</sup> \$10,000 of Reported Revenue		\$50.00	
Number of Employees _____ minus 1 = _____ x \$15.00		\$ _____	
License Fee		\$ _____	
2003 Annual Registration Fee		\$75.00	
TOTAL		\$ _____	
Add 2002 Business Tax Adjustment Fee		\$ _____	
2003 TOTAL AMOUNT DUE		\$ _____	

**THIS WORKSHEET IS AN EXAMPLE OF HOW TAXES ARE CALCULATED. IT DOES NOT HAVE TO BE COMPLETED.**